



112503

16805 U.S. PTO

Please type a plus sign (+) inside this box - ☐

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new non-provisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	STICK-001-A	Total Pages	28
	First Named Inventor or Application Identifier			
	Pekka VALLITTU			
	Express Mail Label No.			

22388 U.S. PTO

10/720483



112503

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (submit an original, and a duplicate for fee processing)	
2. <input checked="" type="checkbox"/> Specification Total pages: <input type="text" value="24"/> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- References to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) Total pages: <input type="text" value="2"/>	
4. <input checked="" type="checkbox"/> Oath or Declaration Total pages: <input type="text" value="2"/> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>(Note Box 5 below)</i><ul style="list-style-type: none">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).	
5. <input checked="" type="checkbox"/> Incorporation by Reference <i>(useable if Box 4b is checked)</i> . The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i>	
7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	

ACCOMPANYING APPLICATION PARTS

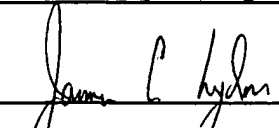
8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement ☐ Copies of IDS Citations
(IDS) PTO-1449
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☒ Small Entity status is asserted. ☒ Statement filed in prior application,
Status still proper and desired
15. ☐ Certified copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Other:
17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☒ Divisional ☐ Continuation-in-Part (CIP)
of U.S. patent application S.N. 09/972,910, filed October 10, 2001.

18. CORRESPONDENCE ADDRESS

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SIGNATURE OF ATTORNEY OR AGENT

NAME	James C. Lydon, Reg. No. 30,082
SIGNATURE	
DATE	November 25, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Pekka VALLITTU et al.

Serial Number: Not yet Assigned

Filed: November 25, 2003

For: DENTAL OR MEDICAL DEVICE

FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

November 25, 2003

Sir:

The filing fee for this application is calculated as shown below:

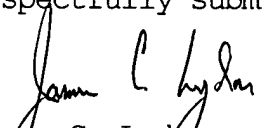
	Number Filed	Number Extra	Rate	Basic Fee \$770.00
Total Claims	14 - 20	0	x 18.00	
Independent Claims	4 - 3	1	x 86.00	86.00
Multiple Dependent Claims			+ 290.00	+
Reduction by 1/2 for small entity				- 428.00
Fee for recording enclosed Assignment				
TOTAL FEE				= \$ 428.00

XX Enclosed is a Credit Card Payment Form in the amount of \$ 428.00.

 Payment of the filing fee is deferred pursuant to 37 C.F.R. § 1.53(f).

XX Please charge any additional required fees or credit any overpayment to our Deposit Account No. 50-1258. Two copies of this Fee Transmittal are enclosed herewith.

Respectfully submitted,


James C. Lydon
Reg. No. 30,082

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